

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743244

1. Entity Name

THE FLORIDA TRUST FOR HISTORIC PRESERVATION, INC

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90138 034 ****61.25

Principal Place of Business

Mailing Address

500 S. BRONOUGH ST.
 ROOM 426
 TALLAHASSEE FL 32399

P.O. BOX 11206
 TALLAHASSEE FL 32302-3206

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1834416

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, ARUTHER
500 S. BRONOUGH STREET
ROOM 426
TALLAHASSEE FL 32399

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	GREENFIELD, ARNOLD	
STREET ADDRESS	3194 VIA ABITARE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NORMANS, ELAINE	
STREET ADDRESS	1611 RIVERSIDE AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARDMAN, MIMI	
STREET ADDRESS	325 S. SCENIC HWY	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	S	<input type="checkbox"/> Delete
NAME	LITTRELL, VIRGINIA	
STREET ADDRESS	145 19TH AVE NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	T	<input type="checkbox"/> Delete
NAME	BURHANS, BONNIE	
STREET ADDRESS	4 LA TERRAZA	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, HEATHER	
STREET ADDRESS	500 S. BRONOUGH ST. RM 426	
CITY-ST-ZIP	TALLAHASSEE FL 32399-0250	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Romans, Elaine	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

850.224.8126

Date

Daytime Phone #

CR2E037 (9/99)